

Pg 1 of 4
DOUGLAS J. M^cBRIDE
P.O. BOX 11025
GLENDALE, AZ 85318

CASE # 05-44481 (RDD)
RE: CHAPTER 11 DELPHI CORPORATION

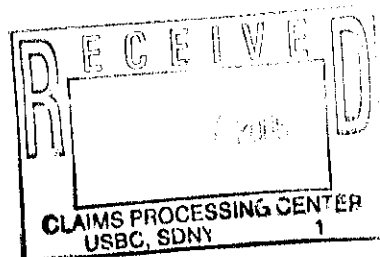
EXCEPTION IS TAKEN TO THE CORRESPONDENCE OF KURTZMAN CARSON CONSULTANTS LLC, WHO DISALLOWED MY CLAIM.

I OWN A BOND(S) AND NOT COMMON STOCK AS INDICATED IN THE CORRESPONDENCE FROM KURTZMAN CARSON.

REFERENCE THE ATTACHED CONFIRMATION NOTICE WITH THE CUSIP NUMBER #247126AD7, WHICH BELONGS TO A BOND.

Douglas J. M^cBride
DOUGLAS J. M^cBRIDE

NOV 13, 2006



Brokerage No.	Type	Reg Rep	Trade Date	Settlement Date	Trans No.	Cusip	Exc	Orig
W82-305995	1*	6LD 6LD	06-14-05	06-17-05	471097	247126AD7	4*	

YOU BOUGHT 5,000 AT 99.249

SECURITY DESCRIPTION

DELPHI CORP NT MAKE WHOLE
 WE HAVE ACTED AS PRINCIPAL.
 COUPON 6.5500% MATURITY DATE
 06/15/2006 YIELD TO MATURITY 7.346%
 MOODY'S B3 STANDARD & POOR'S B-
 INTEREST PAID SEMI-ANNUALLY
 SOLICITED ORDER

Principal Amount	4,962.45
Interest	1.82
Commission	0.00
State Tax	0.00
Miscellaneous Charges	0.00
Regulatory Fee/Pstg	0.00
POST/SERV FEE	5.00

Settlement Amount	4,969.27
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REF # 05165-471097

CONFIRMATION NOTICE

THE TRANSACTION MAY HAVE BEEN EXECUTED WITH BANC OF AMERICA SECURITIES L.L.C.,
 AN AFFILIATE, WHICH RECEIVES COMPENSATION FOR ANY SUCH SERVICES.

FOR QUESTIONS CALL:
 DONNA SHURDT
 (800) 822-2222

BROKERAGE NUMBER	W82-305995
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NFS/FMTC ROLLOVER IRA
 FBO DOUGLAS J MCBRIDE
 PO BOX 11025
 GLENDALE AZ 85318

BANC OF AMERICA
 INVESTMENT SERVICES, INC.
 900 W. TRADE STREET
 NC1-026-05-01
 CHARLOTTE, NC 28255

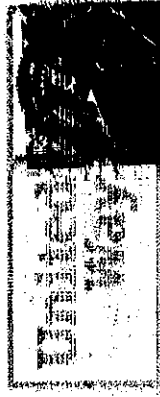


ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES LLC ALL ORDERS ARE UNSOLICITED UNLESS SPECIFIED ABOVE

UNITED STATES BANKRUPTCY COURT Southern DISTRICT OF New York		PROOF OF CLAIM
Name of Debtor Delphi Corporation	Case Number 05-44481	<input checked="" type="checkbox"/> Date Stamped Copy Retained No self addressed stamped envelope No copy to return
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): DOUGLAS J. M'BRIDE Depository Trust Company Treasurers Dept Name and address where notices should be sent: DOUGLAS J. M'BRIDE P.O. Box 11025 GLENDALE, AZ 85318 Telephone number: 623-773-2243	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	RECEIVED AUG 02 2006 KURTZMAN CARSON THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces if this claim a previously filed claim, dated: <input type="checkbox"/> amends	
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Other DELPHI BONDS (SEE ATTACHED) from (date) to (date) <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: Unpaid compensation for services performed		
2. Date debt was incurred: (06-14-05) OCT. 8, 2005		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 496,927 + DIVIDENDS (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral: \$ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/03. Pub. L. 109-8
6. Unsecured Nonpriority Claim \$ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim Date: 07-20-06 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any): DOUGLAS J. M'BRIDE		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. 0544481060410193115531045		

P.O. BOX 11025
GLENDALE, AZ 85318

PHOENIX AZ 850
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HONORABLE ROBERT D. DRAIN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
DELPHI CORPORATION CLAIMS
BOWLING GREEN STATION
P.O. BOX 5058
NEW YORK, N.Y. 10274-5058

98:74:888

